

NOTIFICATION OF EMPLOYMENT OR TERMINATION
OF CHIEF DEPUTY PROSECUTING ATTORNEY,
PRISON DEPUTY PROSECUTING ATTORNEY, OR
MENTAL HEALTH DEPUTY PROSECUTING ATTORNEY

Submitted pursuant to Indiana Administrative Rule 5(C)

I, _____, Prosecuting Attorney of _____
County, hereby affirm that I hereby (check applicable) _____ appoint/_____ report termination
from employment of:

Name: _____

Work Address/Telephone: _____

Home Address/Telephone: _____

Social Security Number: _____

to/from the position of: (Check one of the following):

- ☐ Full-time Chief Deputy Prosecuting Attorney (IC 33-39-6-2(a))
- ☐ Part-time Chief Deputy Prosecuting Attorney (IC 33-39-6-2(a))
- ☐ Full-time Prison Deputy Prosecutor (IC 33-39-6-2(b) or (c))
- ☐ Part-time Prison Deputy Prosecutor (IC 33-39-6-2(b) or (c))
- ☐ Full-time Mental Health Deputy Prosecutor (IC 33-39-6-2(d))
- ☐ Part-time Mental Health Deputy Prosecutor (IC 33-39-6-2(d))

The above-noted individual was (check one of the following) _____ appointed to begin
service/_____ terminated from employment, effective _____ (date). I affirm
that such person is entitled to compensation as provided by law, based on the information provided
above.

Prosecuting Attorney's Signature

Date

Typed or Printed Name

Please complete and return this original, signed form, at least two weeks before
commencement or termination of employment, to:

Division of State Court Administration
ATTN: Payroll Department
115 West Washington Street, Suite 1080
Indianapolis, Indiana 46204-3417

FAXED forms are not acceptable

